

PROVIDER Child and Adult Care Food Program Income Application Fiscal Year 2010

To apply for reimbursement for meals served to your own children, carefully complete, sign and return this form to your sponsor.

Name _____ Address _____
City _____ Zip _____ Home Phone # _____ Work Phone # _____

I hereby certify that all the below information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the institution officials may verify this information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purpose.

Signature

Social Security Number

Date

INCOME ELIGIBILITY

Complete this part for your children **NOT** included in Food Stamps, Cash Assistance, or FDPIR.

Child's Name	Age	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS**. INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN. DO NOT INCLUDE CHILDREN LISTED ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME. Write the amount of the monthly income and its source each person now receives on the same line as their name. List **GROSS** income BEFORE deductions for taxes, social security, etc.

NAME	Monthly Earnings from work (Before Deductions)	Monthly Welfare Payments, Child Support, Cash Assistance & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from all other Income
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

FOSTER CHILDREN

Foster Children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

Child's Name	Age	Birthdate	Income
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CATEGORICAL ELIGIBILITY

Complete this part for your children if you are currently receiving benefits from any of the following programs.

LIST OF ELIGIBLE PROGRAMS - Check all that applies and provide Case #.

CASE #

- ☐ 1. Food Distribution Program on Indian Reservation (FDPIR)
☐ 2. Cash Assistance (TANF)
☐ 3. Food Stamps

Child's Name	Age	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Dear Provider,

The Child & Adult Care Food Program require that the reimbursement you receive for meals served to all children be based on income information submitted by each parent and/or the provider. This information will be kept confidential.

Income Eligibility Guidelines				<p>In the operation of child feeding programs, no child will be discriminated against because of race, color, national origin, sex, age, or handicap. If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, DC 20250.</p> <p>CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating a regular meal, this provider will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.</p>
Effective from July 1, 2009 to June 30, 2010				
Household Size	Annual	Month	Week	
1	\$20,036	\$1,670	\$386	
2	26,955	2,247	519	
3	33,874	2,823	652	
4	40,793	3,400	785	
5	47,712	3,976	918	
6	54,631	4,553	1,051	
7	61,550	5,130	1,184	
8	68,469	5,706	1,317	
For each additional Family member add	+6,919	+577	+134	

Participants who live in this home who are receiving Food Stamp, FDPIR, or cash assistance (TANF) are eligible for free or reduced-priced meals only if the child(ren)'s name(s), the appropriate case number(s), and the signature of the adult household member who completed the application is included on the affidavit. In certain cases, foster children are eligible for free or reduced-priced meals regardless of the income of the household with whom they reside.

Households with incomes less than or equal to the income chart for reduced-priced meals above are eligible for free or reduced-priced meals. In order for the provider to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the adult household member who signs the application, or the word "None" and the date and signature of the adult household member who completed the application.

Section 9 of the National School Act requires that, unless your child's food stamp, cash assistance (TANF), or FDPIR case number is provided, you must include a social security number on the application. This must be either the social security number of the parent or household member signing the statement, or an indication that the household member does not have a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication that household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

WHITE BLACK/AFRICAN AMERICAN HISPANIC/LATINO AMERICAN INDIAN/ALASKA NATIVE NATIVE HAWAIIAN/PACIFIC ISLANDER ASIAN SOME OTHER RACE(S)

For Sponsor Use Only

Approved by: _____	Total Household Size _____	Children in each category
Approval Date: _____	Total Monthly Income _____	() Eligible () Ineligible